

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-033089

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 2374

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

14003

240242

3

4 C

5 1

6

7 0

8 2

94201

10

11

12440

13

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 20 1962

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN KirkwoodLength of stay in lb  
2 Daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Joseph HospitalInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY St. Louis

c. CITY OR TOWN Glendale

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
174 Austin Pl.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First ROBERT

Middle J.

Last BOEHM SR.

4. DATE OF DEATH

Month Aug.

Day 14

Year 1962

5. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
9-8-18809. AGE (last birthday)  
8110. IF UNDER 1 YEAR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Time Keeper (Retired)10b. KIND OF BUSINESS OR INDUSTRY  
Nooter Boiler Co.11. BIRTHPLACE (City and state or country)  
St. Charles, Mo.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Philip Boehm

13b. MOTHER'S MAIDEN NAME

Elizabeth Unknown

14. NAME OF HUSBAND OR WIFE

Isabel M. Boehm

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No None

17. INFORMANT

Address

2 Isabel Boehm 174 Austin Pl.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-1-46 to 8/14/62 and last saw him alive on 8/13/62  
Death occurred at 8:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Removal23b. DATE  
Aug. 16, 196223c. NAME OF CEMETERY OR CREMATORY  
Calvary Cemetery23d. LOCATION (City, town, or county)  
St. Louis, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser 4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.

8-15-62

26. REGISTRAR'S SIGNATURE

John E. Murphy Md.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James R. Kinn

Licensed Embalmer No. 4527

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.